

STATE OF ALASKA

DIVISION OF PUBLIC HEALTH

**PANDEMIC INFLUENZA
RESPONSE PLAN**

AUGUST 2006

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Alaska Pandemic Influenza Plan

The total number of Alaskans who were stricken by Spanish influenza between October 1918 and April 1919 is beyond the reach of any but the wildest kind of speculation.

America's Forgotten Pandemic: The influenza of 1918
Alfred W. Crosby, 1989

I. INTRODUCTION TO INFLUENZA PANDEMICS

Unlike influenza epidemics, which occur seasonally and result in an average of 36,000 deaths in the U.S. each year, influenza pandemics (global epidemics) occur sporadically, and have the potential to result in hundreds of thousands of deaths nationally over the course of one year. During the 20th century there were three influenza pandemics, the most severe of which occurred in 1918-19 and caused over 500,000 deaths in the U.S. and more than 50 million deaths worldwide.

Influenza pandemics occur when there is a major change in the structure of a strain of influenza virus such that most (or all) of the world's population is susceptible to infection. These major changes emerge by at least two mechanisms: genetic recombination and adaptive mutation. Of the three influenza pandemics in the 20th century, two (1957 and 1968) occurred as a result of major changes in the genetic composition of the virus through the recombination of genetic elements from avian and human influenza strains, and one (1918) occurred as a result of adaptive mutations that allowed the virus to be efficiently transmitted first from birds to humans and then from person-to-person.

At some point in the future, the world will be faced with another pandemic caused by a strain of influenza virus that spreads rapidly and causes extraordinarily high rates of illness and death—higher, in fact, than virtually any other natural health threat. Because novel influenza viruses have the potential to spread rapidly, high levels of absenteeism in the workforce can quickly jeopardize essential community services, including healthcare services throughout affected regions. Furthermore, it is currently estimated that it will only take one to six months from the time the pandemic is identified to the time that the first outbreak will occur in Alaska, provided the pandemic does not start in Alaska. Because no one can predict exactly when or where the next influenza pandemic will occur, and little time will be available to prepare after the pandemic is first identified, it is critically important for us to promptly maximize our ability to respond effectively to this imminent threat.

II. ABOUT THE PLAN

The first Alaska Pandemic Influenza Response Plan was published in March 2005. Updated drafts have been published as additional information has become available:

- January 2006 draft: updated to reflect information and recommendations included in the U.S. Department of Health and Human Services Pandemic Influenza Plan
- May 2006 draft: includes Supplement C (guidelines for specimen collection and laboratory testing) and updated text on Department of Health and Social Services authority under Alaska Statute.
- August 2006 (current) draft: includes updated text in Supplement A and E, in addition to Supplement F.

This plan describes a coordinated strategy to prepare for and respond to an influenza pandemic. The plan addresses five key pandemic preparedness and response elements.

- *Surveillance and Investigation*--This element involves developing adequate surveillance for and rapid identification and isolation of persons infected with a novel strain of influenza virus through various mechanisms (e.g., expanding the number of existing sentinel surveillance sites, improving school absenteeism reporting, and obtaining the appropriate clinical specimens for laboratory culture).
- *Health-Care Systems*--This element involves educating health-care providers throughout Alaska on the diagnosis and management of pandemic influenza and on appropriate infection control strategies that will minimize the risk of viral transmission in the face of an influenza pandemic.
- *Community Disease Control*--This element involves developing appropriate community-wide strategies that help prevent or delay viral transmission in communities, in non-health-care institutions, and in households. Examples of such strategies include educating the community about social distancing, disseminating travel advisories, screening persons arriving from affected areas, closing schools, restricting public gatherings, using alternate care sites and quarantining exposed persons. The application of these interventions will be guided by the evolving epidemiologic pattern of the pandemic and by recommendations from federal and international authorities.
- *Vaccines and Antivirals*--This element involves providing appropriate prophylaxis to those who are at risk for infection and treatment to those who have already become infected. Planning by public and private health officials is needed to assure optimal use of available vaccine and drugs, whether from national stockpiles, state stockpiles, or private sector inventories.
- *Communications*--This element involves collaborating with health-care providers, local government, community leaders, and the media in providing timely information and preparedness recommendations for the public.

The Alaska Pandemic Influenza Plan was prepared utilizing documents from the following: the National Immunization Program, Centers for Disease Control and Prevention (CDC); the World Health Organization (WHO); the U.S. Department of Health and Human Services Pandemic Influenza Plan (HHS)¹² November 2005; and Pandemic Influenza Plans produced by North Carolina, British Columbia and Seattle & King County, Washington. The Alaska Pandemic Influenza Plan is an annex to the Division of Public Health Emergency Operations Plan (DPH EOP).¹

III. PURPOSES

- To reduce morbidity and mortality, preserve continuity of essential government functions, and minimize the social and economic impact of an influenza pandemic in Alaska.
- To define the roles, responsibilities, and actions of key stakeholders during the Interpandemic and Pandemic Alert Period (WHO Phases 1, 2, 3) and Pandemic Period (WHO Phases 4, 5, 6).
- To serve as a guide for local health-care partners, response agencies, and businesses in the development of local pandemic influenza response plans.

IV. ASSUMPTIONS

- The identification of a novel influenza virus with sustained human-to-human spread may give warning of a pandemic weeks or months before the first cases are identified in Alaska.
- Most people who have access to clean water, food, sanitation, fuel, and nursing and medical care while they are sick will survive.
- Providing services to isolated populations in rural Alaska is a crucial part of planning for pandemic influenza, just as it is for other emergencies.
- Communities across the state and the country may be impacted simultaneously.
- There could be significant disruption of public and privately owned critical infrastructure.
- The strain of influenza that will cause the next influenza pandemic, its pathogenicity, and the time and place of emergence cannot be determined in advance.
- Alaska may not be able to rely on resources from other states, Canada or the Federal government.
- The number of ill people requiring outpatient medical care and hospitalization may overwhelm the state's health care system.
- No effective influenza vaccine will be available early in the course of the pandemic. When influenza vaccine becomes available, it will be in short supply and may require two doses.
- Supplies of antiviral medications that are effective against influenza will also be inadequate and need to be prioritized for use.
- Implementation of social distancing measures, such as isolating the sick, screening travelers, and reducing the number of public gatherings, may help to slow the spread of influenza early in the pandemic period.
- Drafting, exercising, and executing this plan in collaboration with tribal health organizations will be crucial in assuring adequate medical care and supplies to remote villages.
- Federal and State declarations of emergency will change legal and regulatory aspects of providing public health services during a pandemic.
- The State will activate the Division of Public Health's Emergency Operation Plan Annex; therefore, this plan needs to be collaboratively reviewed, exercised and modified annually.
- Maintaining social order and compliance with health recommendations during a pandemic might prove to be problematic.

V. IMPACT OF PANDEMIC INFLUENZA IN ALASKA

Although there is no way to fully predict the impact of an influenza pandemic on Alaskans, CDC has developed software, called FluAid, to assist local pandemic planners in establishing a range of estimates of impact in terms of deaths, hospitalizations, and outpatient visits due to a future pandemic influenza strain circulating in their community. This software may be downloaded from the following weblink: www2.cdc.gov/od/fluaid/default.htm.

Attack rate of 30%

HHS estimates of Percent of Population Affected by next Pandemic	Number affected in Alaska (Pop. 650,000)	Number affected in your Community (Pop. 350,000)	Number affected in your Community (Pop.80, 000)	Number affected in your Community (Pop. 5,000)
Up to 30% of pop. will become ill with flu	195,000	105,000	24,000	1,500
Up to 15% of pop. will require out-patient visits	97,500	52,500	12,000	750
Up to 0.3% of pop. will require hospitalization	1,950	1,050	240	15
Up to 0.1% of pop. will die of flu related causes	650	350	80	5

Attack rate of 50%

HHS estimates of Percent of Population Affected by next Pandemic	Number affected in Example (Pop. 650,000)	Number affected in your Community (Pop. 350,000)	Number affected in your Community (Pop.80,000)	Number affected in your Community (Pop. 5,000)
Up to 50% of pop. will become ill with flu	325,000	175,000	40,000	2,500
Up to 25% of pop. will require out-patient visits	162,500	87,500	20,000	1,250
Up to 3% of pop. will require hospitalization	19,500	10,500	2,400	150
Up to 2.5% of pop. will die of flu related causes	16,250	8,700	2,000	125

VI. FEDERAL ROLES

An influenza pandemic will represent a national health emergency requiring a coordinated response. As outlined in Homeland Security Presidential Directive 5 (available at: http://www.fema.gov/pdf/reg-ii/hspd_5.pdf), the Department of Homeland Security has the primary responsibility for coordinating domestic incident management and will coordinate all non-medical support and response actions across all federal departments and agencies. The U.S. Department of Health and Human Services (HHS) will coordinate the overall public health and medical emergency response efforts across all federal departments and agencies. Authorities exist under the Public Health Service Act for the HHS Secretary to declare a public health emergency and to coordinate response functions.

In addition, the President can declare an emergency and activate the Federal Response Plan, in accordance with the Stafford Act, under which HHS has lead authority for Emergency Support Function #8 (ESF8).

HHS response activities will be coordinated in the Office of the Assistant Secretary for Public Health Emergency Preparedness in collaboration with the Office of the Assistant Secretary for Public Health and Science and will be directed through the Secretary's Command Center. The Command Center will maintain communication with HHS agency emergency operations centers and with other Departments.

HHS agencies will coordinate activities in their areas of expertise. Chartered advisory committees will provide recommendations and advice. Expert reviews and guidance also may be obtained from committees established by the National Academy of Sciences, Institute of Medicine or in other forums.

VII. STATE ROLES

States are individually responsible for coordination of the pandemic influenza response within and between their jurisdictions. Administrative Order No. 228 orders the Department of Military and Veterans Affairs, Division of Homeland Security and Emergency Management (DHS & EM) to assume overall responsibility for interagency coordination of pandemic influenza preparedness and the Department of Health and Social Services, Division of Public Health (DPH) to assume primary functional and technical responsibility for pandemic influenza preparedness. Specific Alaska Division of Public Health responsibilities include:

- Prepare and maintain a public health Pandemic Influenza Response Plan as Annex to the DPH Emergency Operations Plan.
- In conjunction with DHS & EM, maintain an interagency incident management team (IMT).
- Identify public and private sector partners needed for effective planning and response.
- Develop key components of pandemic influenza preparedness: surveillance and investigation, distribution of vaccine and antivirals, health care systems including infection control, isolation and quarantine, community disease control including social distancing, and communications.
- Integrate pandemic influenza planning with other planning activities conducted under CDC and Health Resources and Services Administration (HRSA) bioterrorism preparedness cooperative agreements with states.
- Coordinate with local areas to ensure development of local plans as called for by the state plan and to provide resources, such as templates to assist in the planning process.
- Coordinate with the Municipality of Anchorage Department of Health and Human Services in planning pandemic services and activities.
- Coordinate with the Department of Environmental Conservation (DEC) for animal health issues related to pandemic influenza.
- Coordinate with tribal health organizations to ensure equitable delivery of medications, vaccine, and other health services to Alaska Natives.
- Develop data management systems needed to implement components of the plan.
- Assist local areas, the Alaska State Hospital and Nursing Home Association Preparedness Program, and other organizations in exercising plans.
- Coordinate with Division of Behavioral Health.
- Coordinate with the adjoining jurisdictions of British Columbia, Yukon Territory, and Washington State.

VIII. PHASES OF AN INFLUENZA PANDEMIC

WHO has developed a global influenza preparedness plan that presents a classification system comprised of six phases grouped within the following three phases: Interpandemic Period, Pandemic Alert Period, and Pandemic Period. These phases are associated with increasing public health risk associated with the emergence and spread of a new influenza subtype that may lead to a pandemic. The Director General of WHO is responsible for declaring the current global pandemic phase and adjusting the phase level to correspond with pandemic conditions around the world.

WHO Pandemic Alert Phases

Interpandemic Period	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low	1
	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease	2
Pandemic Alert Period	Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact.	3
	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans	4
	Larger cluster(s) but human-to-human spread is still localized, suggesting the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)	5
Pandemic Period	Pandemic Phase: increased and sustained transmission in the general population.	6

The periods in the HHS Influenza Plan that determine the pandemic response level for the United States correspond to the WHO pandemic phases. The Alaska Pandemic Influenza Plan utilizes the WHO and HHS phases by combining them into two periods: the Interpandemic and Pandemic Alert Period (WHO's Phases 1, 2, 3; HHS Interpandemic and Pandemic Periods) and the Pandemic Period (WHO's Phases 4, 5, 6; HHS Pandemic Period).

IX. COMMAND, CONTROL, AND MANAGEMENT PROCEDURES

Existing command and control system structures will be applied to pandemic influenza (State of Alaska Division of Public Health Emergency Operations Plan, Annex A). The Alaska Pandemic Influenza Plan delineates operational priorities and key agencies and personnel who 1) make public health and health care decisions related to the response to pandemic influenza; 2) prepare and maintain the state plan; 3) make major policy decisions; 4) ensure coordination among affected units; 5) maintain lists of key partners; and 6) mobilize additional resources.

The State of Alaska Director of Public Health will declare when it is time to activate plans for the Pandemic Period. The plans will need to be adapted to reflect circumstances and situations as they arise.

Integration and coordination of state and local community response plans is critical to assure effective implementation of response activities and delivery of quality medical care in the context of increased demand for services. The checklist (Supplement Y) can be used to help local emergency planners identify areas that need to be addressed in the development of a community pandemic influenza plan.

X. KEY PANDEMIC RESPONSE ELEMENTS

A. SURVEILLANCE AND INVESTIGATION

Key questions to be answered by surveillance during a pandemic include:

- Has the novel virus emerged?
- Has the pandemic reached Alaska?
- How severe is the disease?
- Where is disease activity and is it increasing or decreasing?
- How many persons are estimated to be infected, hospitalized, or dead?
- Which population groups are most severely affected?

1. National influenza surveillance involves the following:

- **Outpatient surveillance:** The Sentinel Provider Network is nationwide network of over 2,300 healthcare providers who report the weekly number of outpatient visits for influenza-like illness and submit specimens from a subset of these patients to be tested for influenza in state health laboratories.
- **Hospital surveillance:** The Emerging Infections Program Influenza Project monitors hospitalization of children aged <18 years with laboratory-confirmed influenza in 11 communities. The New Vaccine Surveillance Network monitors hospitalization of children aged <5 years with laboratory-confirmed influenza in 3 communities.
- **Mortality surveillance:** The 122 Cities Mortality Reporting System accepts reports from vital statistics offices on the percentage of flu-related and pneumonia deaths in 122 U.S. metropolitan areas (none in Alaska) to CDC weekly. The National Notifiable Disease Surveillance System receives reports from state health departments on influenza-related deaths among children.

- **State-level assessments:** These are weekly reports from state, territorial, and large city health departments on the overall level of influenza activity within their jurisdictions.

2. Alaska influenza surveillance involves the following:

- **Viral Culture Sentinel Program with CDC:** The Alaska State Virology Laboratory (ASVL) participates in the US WHO collaborating laboratories influenza virus surveillance program. ASVL isolates and subtypes influenza viruses year-round and reports these data weekly to CDC. There are at least 15 healthcare providers distributed throughout Alaska that function as sentinel viral culture influenza providers. Sentinel providers are mailed influenza viral culture testing kits and instructions at the beginning of June—for summer surveillance and a different set of providers are provided kits in October—for the traditional influenza season. Guidance to all providers is given via the service manual, phone calls, weekly reports to healthcare providers, and bulletins. The ASVL accepts viral cultures from any healthcare provider free of charge in Alaska.
- **Influenza-like Illness Surveillance:** An influenza sentinel provider conducts surveillance for influenza-like illness in collaboration with the Alaska Division of Public Health and CDC. During the influenza season, sentinel providers report the total number of patient visits each week and the number of patient visits for influenza-like illness by age group (0-4 years, 5-24 years, 25-64 years, ≥ 65 years). These data are transmitted once per week to a central data repository at CDC via the Internet, a touch-tone telephone, or fax. There are currently 12 influenza-like illness surveillance providers distributed throughout Alaska.
- **School Absenteeism Surveillance:** Absenteeism data are collected from the Anchorage School district. Each week, the school district sends the Section of Epidemiology a copy of the school districts absenteeism list and identifies the schools that have $>7.5\%$ absenteeism for the week. Absenteeism data in other states have been shown to be a good predictor of the level of influenza activity in a given area.
- **Influenza Activity as Assessed by State and Territorial Epidemiologists:** Each week during the traditional influenza season (Oct–May), all states review their weekly morbidity data of influenza reports to determine if there is any influenza activity and how many regions of the state are affected. This is then reported electronically to CDC as: no sporadic, local, regional, or widespread activity.
- **Influenza-Associated Pediatric Death Reporting:** In October 2004, influenza-associated pediatric mortality was added to the list of nationally notifiable diseases. An epidemiology *Bulletin* was released in November 2004 requesting Alaska providers to report any pediatric death associated with influenza. All pediatric deaths with respiratory illness are to have specimens obtained for influenza testing and the Alaska State Public Health Laboratory will notify the influenza coordinator in Epidemiology of the results.

B. HEALTH CARE SYSTEMS

Combined with a concurrent reduction in the workforce due to illness, absenteeism, family responsibilities, and exhaustion during an influenza pandemic, shortages in healthcare professionals throughout Alaska make personnel surge capacity one of our greatest challenges. Thus, identification of sources of back-up personnel and development of volunteer lists are critically important tasks. In addition, as hospital beds become filled, alternate care sites and overflow locations will need to be established in order to provide adequate care to ill persons and to prevent further spread of infection (Annex G).¹ Finally, maintaining infection control measures throughout the pandemic will require training and supplies at the local level.

Emergency response, including maintenance of critical services and surge capacity in the health care system, is addressed in the CDC and HRSA cooperative agreements. Statewide pandemic planners will need to collaborate with the aforementioned federal planning groups to ensure that their plans and exercise scenarios corroborate with one another.

See Health and Human Services Pandemic Influenza Plan Supplemental 3 & 5 Healthcare Planning and Clinical Guidelines, and <http://www.cdc.gov/flu/professionals/infectioncontrol/> for general influenza infection control recommendations.

C. COMMUNITY DISEASE CONTROL

Implementing community disease control strategies to decrease the spread of influenza may reduce the number of people infected early in the course of the outbreak, before vaccines are available for prevention. Important community disease control strategies include issuing travel advisories and precautions, screening persons arriving from affected areas, social distancing (discussed below), and isolating ill persons and quarantining exposed persons. These strategies will be applied in Alaska based upon the evolving epidemiologic pattern of the pandemic and recommendations from federal and international authorities.

SOCIAL DISTANCING

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. Social distancing involves implementing measures such as closing public and private schools and colleges; implementing emergency staffing plans for the public and private sector, including increasing telecommuting, flex scheduling and other options; closing public gathering places; promoting respiratory hygiene/cough etiquette; and curtailing or suspending non-essential government functions.

In the event of workplace closures, there are some services (and personnel) in the non-health sector that are critical for community functioning (i.e., services that, if interrupted, would pose a serious threat to public safety or would significantly interfere with the ongoing response to the pandemic), such as highly specialized workers in public safety, utility, transportation and food service industries. Priority group designations for vaccine and antivirals may differ in Alaska from those in other states. Examples of such unique, special-skill groups in Alaska might include bush pilots, oil pipeline workers, air traffic controllers at major airports, and workers who operate major telecommunications or electrical grids, ferry workers, or village public safety officers. State and local officials will carefully consider which services (and key personnel within relevant firms or organizations) are "essential" and ensure that these services are provided as needed.

See Health and Human Service Pandemic Influenza Plan Supplemental 8, Community Disease control and Prevention, and Alaska Division of Public Health Emergency Operations Plan Annex G – Mass Casualty and Fatality Plan Appendix 1 - Alternate Care Sites, and Annex H. Mental Health.

ISOLATION AND QUARANTINE

Isolation refers to the separation and restriction of movement or activities of ill infected persons (patients) who have a contagious disease, for the purpose of preventing transmission to others. Quarantine refers to the separation and restriction of movement or activities of persons who are not ill, but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease.

The decision to use isolation and quarantine authorities during an influenza pandemic may depend, in part on the transmission rate of the pandemic virus, the susceptibility of the population, the geographic distribution of the influenza-infected persons and the severity of illness associated with infection. All of these parameters may change in the course of a pandemic and would require frequent re-evaluation as the pandemic progresses.

See Health and Human Service Pandemic Influenza Plan Supplemental 8, Community Disease Control and Prevention and Division of Public Health Pandemic Influenza Response Plan Supplement D Isolation & Quarantine. Alaska's Public Health laws can be found at: <http://www.legis.state.ak.us/PDF/24/Bills/HB0095Z.PDF>

D. VACCINE DISTRIBUTION AND USE

The distribution and use of pandemic influenza vaccine will differ from that of the annual influenza vaccine in several ways. For example, unlike the annual production of influenza vaccine, wherein strains are selected in the spring, leading to vaccine distribution in the late summer, a pandemic strain could be detected at any time; therefore, the production and distribution of vaccine will occur accordingly. Furthermore, the availability of the pandemic influenza vaccine will be low, especially at the beginning of the pandemic because the current manufacturing procedures require 6-9 months before large amounts of vaccine are available for distribution, and the vaccine will likely be recommended for most or all of the population.

Because a final decision regarding the amount of pandemic influenza vaccine that will be purchased during a pandemic may not be made until the vaccine is being actively produced, plans for delivery and administration of vaccine should address the different possible scenarios including complete federal purchase and distribution to states, partial federal purchase with distribution to states, and minimal federal purchase (similar to the annual influenza vaccination program). In most states, influenza vaccine is administered primarily through the private sector. In Alaska, distribution is more evenly divided between public and private sectors. In more rural areas of the state, the public sector (including both public health and Alaska Native health corporations) provides the only available health care.

Given the magnitude of the vaccination effort during a pandemic, plans need to encompass both the private and public sectors, and coordination with and education of the private sector is an important aspect of planning. Because of the anticipated vaccine shortage, priority groups for vaccination will be identified (Supplement B). As information about the impact of the novel virus becomes available, recommendations will be formulated at the national level, and may need to be adjusted at the state level, depending on local factors.

Educating the public and the healthcare community about the rationale for priority groups, once priority groups have been determined, will be an important aspect of communications.

The need to prioritize vaccine use will require substantial public education and adequate security measures.

Eventually, sufficient vaccine will be available for mass vaccination of the population. Given the magnitude of the vaccination effort, detailed planning needs to occur at the local as well as at the state level. A central aspect of planning will be determining how public and private sectors will work together to manage this effort and accomplish this goal.

Monitoring for vaccine adverse events will be necessary and could, to some extent, build upon the infrastructure now in place as a result of the smallpox vaccination program. In the traditional VAERS (Vaccine Adverse Event Reporting System) process providers report directly to the VAERS contractor at the national level with subsequent feedback to the state. Alaska has modified this process by asking providers to submit reports through the Alaska Immunization Program. Although some providers continue to report directly to the national system, these reports ultimately are forwarded to the Immunization Program. For pandemic influenza, Alaska may wish to emphasize this state-reporting mechanism so that key public health personnel may be more directly involved in the reporting and any needed investigations. At a minimum the Immunization Program Manager and/or the Adverse Events Coordinator (state VAERS contact) should be involved in planning for the use and monitoring of vaccines.

During the interpandemic period, efforts to increase pneumococcal polysaccharide vaccination that can reduce the incidence of invasive pneumococcal disease secondary to influenza should be emphasized. Because large-scale pneumococcal vaccination may not be feasible once a pandemic has occurred, the interpandemic period is the ideal time to deliver this preventive measure.

See State of Alaska Division of Public Health, Emergency Operations Plan Annex F—Mass Prophylaxis Planning Guide for procedures of setting up mass vaccination clinics.

E. ANTIVIRALS DISTRIBUTION AND USE

Antiviral medications may play an important role for the control and prevention of influenza prior to the availability of vaccine. Existing production capacity for influenza antiviral drugs is currently less than what would be needed to provide prophylaxis or treatment for the entire population, and the supply of antivirals in the Strategic National Stockpile is limited. Therefore, the development of priority groups and estimates of the number of people in each priority group, based on HHS guidelines, is paramount (Supplement A).

Recommendations for use of antivirals may be updated throughout the course of an influenza pandemic to reflect current epidemiologic and laboratory data. Recommendations may also be updated as an effective influenza vaccine becomes available.

State-based planning for antiviral use should include obtaining antiviral drugs from national, state, and local stockpiles, and their distribution to priority groups by healthcare providers; data collection on drug use, drug-related adverse events, and drug resistance; coordination with bordering jurisdictions; legal preparedness; training; and dissemination of public health information.

See Health and Human Service Pandemic Influenza Plan Supplemental 7 Antiviral Drug Distribution and Use and Division of Public Health Pandemic Influenza Response Plan Supplement A- Antiviral Distribution & Use.

F. COMMUNICATION

Through CDC's Bioterrorism Preparedness and Response cooperative agreement, states are asked to implement a plan for connectivity of key stakeholders involved in public health detection and response among hospital emergency departments, state and local public health officials, law enforcement, and other key participants. The communication system developed will be used for any type of public health emergency, including pandemic influenza.

Key planning activities relate directly to preparation of materials and identification of channels of communication. CDC will make a number of materials available before and during any influenza pandemic, including:

- Basic communication materials (such as question and answer sheets and fact sheets) on influenza, influenza vaccine, antiviral agents, and other relevant topics in various languages.
- General preventive measures such as “do's and don'ts” for the general public.
- Information and guidelines for health-care providers.
- Training modules (Web-based, printed, and video).
- Presentations, slide sets, videos, documentaries.
- Symposia on surveillance, treatment, and prophylaxis.

DHSS will modify CDC materials and prepare, initiate, plan and coordinate Alaska specific communication materials (e.g., <http://www.cdc.gov/flu/pandemic.htm> and <http://www.hhs.gov/pandemicflu/plan/>), and will do the following:

- Identify audiences for community outreach.
- Identify and train spokespersons.
- Familiarize staff with methods of message dissemination in communities.
- Advise stakeholders of marketing strategies through key liaisons.
- Conduct meetings with partners, community leaders, legislators and government officials.
- Conduct symposia on surveillance, treatment, and prophylaxis.
- Identify supplemental resource staff in DHSS.
- Train supplemental resource staff to respond in case of public health emergency.
- Identify communication methods for message dissemination to all groups (industry, school, health-care providers, etc.).
- Work through the Joint Information System with all partner agencies to maximize information dissemination efforts including oral and written messages in major languages spoken in Alaska.

- Monitor national media and respond to media requests.
- Establish and publicize a pandemic flu website containing up-to-date information.

Because of anticipated shortages of both vaccine and antivirals, and the social distancing measures that may be implemented during pandemic periods, communication will be critical to the success of the plan. Development of accurate and timely messages informing residents about availability of vaccine and the rationale for vaccine priority groups as well as targeted messages about disease prevention and containment measures will be crucial activities during the development and implementation of the plan.

Other important communication issues include:

- Basic information about influenza (including symptoms and transmission).
- Information about the course of the pandemic (contagiousness, geographic spread, case counts).
- Information about which symptoms should prompt seeking medical assistance and which symptoms should be managed at home.
- Information about school and business closures and suspended public meetings.
- Information about travel restrictions and social distancing recommendations.

See Health and Human Service Pandemic Influenza Plan Supplemental 10, Public Health Communications and Alaska Division of Public Health, Emergency Operations Plan, Annex B–Risk Communication and Public Information and Annex H Mental-Health.

Interpandemic and Pandemic Alert Period

(WHO Pandemic Alert Level 1-5; HHS Interpandemic and Pandemic Alert Periods)

A. Surveillance and Investigation

Interpandemic and Pandemic Alert Period

Influenza is not a mandated notifiable disease; however during a pandemic response, CDC may declare the circulating strain causing the pandemic a “disease of public health significance,” requiring health-care providers and laboratories to report cases to state health departments.

The Division of Public Health will:

- Continue virologic surveillance conducted by Fairbanks State Virology Laboratory.
- Encourage disease surveillance, conducted by voluntary network of sentinel providers, to report data in a complete and timely manner.
- Monitor and update level of influenza activity within Alaska weekly and post on the Section of Epidemiology Influenza webpage.
- Monitor all infectious and communicable diseases daily, investigate as needed and review surveillance data for trends.
- Consider expanding virologic and disease-based surveillance to year-round surveillance.
- Monitor CDC information regarding virologic, epidemiologic and clinical findings associated with new influenza variants isolated.
- Assess quality of surveillance and make recommendations for improvement during the period between pandemic waves and post pandemic.
- Train health-care providers on proper investigation of suspect cases.
- Assure Flu Test Kits are available at all hospital labs.
- Maintain flu “To Go Kit” with the Section of Epidemiology and the 23 Public Health Centers.
- Participate in Cross Border Planning Committee meetings.

The Section Chief of the Section of Epidemiology will determine when and how to activate enhanced surveillance under the Pandemic Period.

B. Health Care Systems

Interpandemic and Pandemic Alert Period

Infection control principles apply in any setting where persons with pandemic influenza might seek and receive health care services. The State of Alaska adopts Infection Control (Supplement 4) and Clinical Guidelines (Supplement 5) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Help educate health-care providers about novel and pandemic influenza, including appropriate triage policies and infection control measures.
- Encourage routine influenza vaccination of all healthcare workers.
- Develop guidelines for prioritization of laboratory services.
- Assist health-care providers in determining how staffing needs will be met as number of patients increase and/or staff become ill or are quarantined.
- Provide or facilitate testing, management and investigation of suspected patients with novel influenza virus.
- Provide instruction for proper specimen collection and shipping.
- Conduct follow-up of suspected novel influenza cases.
- Update providers regularly as the influenza pandemic unfolds.
- Work with CDC to investigate and report special pandemic situations.

C. Community Disease Control

Interpandemic and Pandemic Alert Period

SOCIAL DISTANCING

As previously discussed, one of the major strategies of community disease control, particularly early in a pandemic, is social distancing.

The State of Alaska adopts Community Disease Control and Prevention (Supplement 8) and Management of Travel-Related Risk of Disease Transmission (Supplement 9) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Compare community disease control and current epidemiological data frequently throughout period to determine the need to implement various community disease control strategies.
- Update the Commissioner of the Department of Health and Social Services regarding current influenza epidemiology and anticipated impact of pandemic influenza in communities around Alaska.
- Educate elected officials, leaders, school officials, response partners, businesses, media and the general public regarding the impact of a pandemic and the use of community disease control.
- Review community disease control measures and current epidemiological data during each pandemic phase to determine the need to implement community disease control strategies.
- Prepare for implementation of travel-related containment measures:
 - protocols for managing ill passengers at ports of entry;
 - quarantine preparedness at points of entry;
 - legal preparedness;
 - health information for travelers;
 - preventing the importation of infected birds and animals; and
 - evaluation of travel-related cases of infection with novel strains of influenza.

ISOLATION AND QUARANTINE

The Alaska Statutes (AS 18.15.390) defines the authority of the Department of Health and Social Services to address public health disasters. In addition, Alaska Statutes 18.15.355-18.15.385 define the authority of the Department of Health and Social Services to collect and analyze health information, to conduct epidemiologic investigations, to institute isolation and quarantine measures, and to provide appropriate medical treatment.

The Division of Public Health will:

- Assist hospitals to develop isolation protocols for all patients suspected of being infected with pandemic influenza.
- Develop plans for quarantine of contacts, as appropriate.
- Work with the Municipality of Anchorage, CDC's Division of Migration and Quarantine and Arctic Investigations Program, the Section of Public Health Nursing, and the Municipality of Anchorage Port Authorities to develop and implement roles and responsibilities concerning isolation and quarantine procedures throughout Alaska.

- Provide guidance to assist health-care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients or who develop influenza.
- Activate the Division of Public Health Isolation and Quarantine Plan (Supplement D) and the Alternate Care Site Plan (Annex G of the Alaska Public Health Emergency Operations Plan),¹ as needed.
- Recommend that hospitals implement isolation protocols for all patients suspected of being infected with pandemic influenza.
- Coordinate planning efforts for isolation and quarantine with Alaska communities and neighboring jurisdictions, as appropriate.
- Follow CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.

D. Vaccine Distribution and Use

Interpandemic and Pandemic Alert Period

The success of the pandemic influenza vaccination program will be determined in large part by the strength of the vaccination programs conducted and the plans developed during the Interpandemic Period. For example, higher vaccination rates will foster increased familiarity with and public confidence in influenza vaccines, and increased use of pneumococcal polysaccharide vaccine may decrease rates of secondary bacterial infections during a pandemic.

The State of Alaska adopts Vaccine Distribution and Use (Supplement 6) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Vaccinate against seasonal influenza virus strains and increase use of pneumococcal polysaccharide vaccine.
- Develop processes to identify relevant priority groups for vaccination (Supplement B) and educate stakeholders about the rationale for currently recommended groups.
- Develop estimates of the quantities of vaccine needed for priority groups.
- Develop plans for the procurement and distribution of vaccine contingent upon various levels of federal funding and vaccine availability.
- Identify a state-level coordinator to review existing policies to ensure timeliness and appropriate follow-up of reported vaccine adverse events.
- Coordinate efforts with bordering jurisdictions.
- Prepare for mass vaccination clinics (Annex F of the Alaska Public Health Emergency Operations Plan)¹ against a pandemic influenza virus by:
 - identifying locations for vaccination clinics in local communities;
 - determining how persons in vaccine priority groups will be identified at vaccination clinics;
 - establishing plans for the procurement and distribution of vaccine to clinics, including planning for security of scarce vaccines;
 - establishing systems to monitor vaccine use, effectiveness and safety, and to collect relevant data in the clinic setting;
 - implementing the Public Health Communication Plan (Annex B of the Alaska Public Health Emergency Operations Plan)¹;
 - assuring legal authorities review plans for vaccine distribution and the authority of volunteers and certain medical professionals to provide vaccinations and/or work at the clinics in any capacity; and
 - conducting training exercises to facilitate rapid and effective delivery and use of vaccines.

E. Antiviral Drug Distribution and Use

Interpandemic and Pandemic Alert Period

The State of Alaska adopts Antiviral Drug Distribution and Use (Supplement 7) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Inventory store supplies of antivirals and determine what companies or wholesalers distribute antivirals in the state, including estimated quantities and time-line of supply.
- Procure and maintain stockpile of medical supplies, including antiviral medications.
- Plan and train for the rapid distribution and use of antivirals.
- Review HHS guidelines and the current state antiviral inventory to determine the appropriate use of the limited antiviral supply.
- Determine the number of priority groups that should be covered at the start of the pandemic.
- Prepare to activate state plan for receipt and distribution of antiviral drugs (see Annex F of the Alaska Public Health Emergency Operations Plan).¹
- Use antivirals in medical management of cases of novel strains of influenza.
- Educate the public concerning priority group designations.
- Discontinue antiviral distribution system when no longer needed.
- Recover unused supplies.

F. Communications

Interpandemic and Pandemic Alert Period

Key communications planning activities relate to preparation of materials and identification of channels of communication needed during this period.

DHSS public information staff will:

Plan

- Identify key Joint Information Center staff and operation room(s) within DHSS and Public Information Team.
- Identify supplemental resource staff in DHSS to aide in communication efforts.
- Identify and train spokespersons.
- Identify audiences, plan and implement community outreach.
- Identify communication methods for message dissemination to all groups (e.g., industry, school, health providers, etc.).
- Establish a telephone hotline.

Train

- Conduct a Joint Information Center mock training for DHSS, Public Information Team and EOC Public Information Officers.
- Help develop training modules (Web-based, print, and video) for DHSS and other public health staff.
- Train supplemental resource staff to respond in case of public health emergency.

Provide Public Information and Education

- Update CDC materials; prepare, initiate, plan, and coordinate Alaska-specific communication materials.
- Prepare other basic communication materials (fact sheets, FAQs, and talking points) on influenza, influenza vaccine, antiviral agents, general preventive measures, and other relevant topics in multiple languages and media.
- Coordinate with the EOC Joint Information Center and all partner agencies to maximize information dissemination efforts.
- Publicize a pandemic influenza website containing up-to-date information.
- Increase statewide media attention.
- Prepare presentations, slide sets, videos, and documentaries.
- Monitor state and national media and respond to media requests.
- Conduct press conferences as needed.

Provide Community Relations Coordination and Outreach

- Prepare and update information and guidelines for health-care providers.
- Conduct a pandemic influenza summit.
- Familiarize DHSS staff and other public health staff with appropriate communication methods for communities.
- Conduct meetings with partners, community leaders, legislators, and government officials; present plans and updates in legislative hearings.
- Develop a speakers bureau for speaking to key stakeholder audiences.

- Conduct symposia on surveillance, treatment, and prophylaxis.
- Conduct training exercises.
- Publicize and promote training efforts.

Pandemic Period

(WHO Pandemic Alert Level 6; HHS Pandemic Period)

A. Surveillance and Investigation

Pandemic Period

Influenza is not a mandated notifiable disease for healthcare providers; however, during a pandemic response, CDC may declare the circulating strain causing the pandemic a “disease of public health significance,” requiring both health-care providers and laboratories to report cases.

The Division of Public Health will:

- Activate the Communication and Public Information Plan (Annex B of the Alaska Public Health Emergency Operations Plan).¹
- Distribute CDC case definitions.
- Ensure specimen collection of influenza isolates to track strains.
- Provide instruction on correct specimen collection and handling (Supplement C).
- Collect, summarize, and distribute appropriate data/information and surveillance summaries.
- Distribute general population public health messages and updates.
- Activate enhanced virologic and disease surveillance (Supplement E).
- Enhance detection of early cases of a pandemic influenza virus (Supplement E).
- Send pandemic virus specimens to CDC.
- Activate specimen collection triage (Supplement C).
- Use influenza-like-illness as an early warning system to detect illness in the community.
- Promote laboratory testing of patients with influenza-like-illness at hospitals.
- Monitor the pandemic’s impact on health by tracking outpatient visits, hospitalizations, and deaths.
- Track trends in influenza disease activity and identify populations that are severely affected by measuring absenteeism in key industries or sectors.
- Activate emergency staffing levels within the Division of Public Health.
- Analyze data to estimate the population at risk, characteristics, and extent of the outbreak.
- Monitor the effectiveness and safety of the vaccine and antiviral medications.
- Report data in summary form along with recommendations to the public and healthcare providers.
- Implement infection control procedures and employee health monitoring within the Division of Public Health.
- Activate disease investigation teams.
- Ensure teams have proper personal protective equipment.
- Provide prophylaxis prior to deployment, if appropriate and available.
- Provide uniform investigation forms.

The Chief of the Section of Epidemiology will determine when to activate enhanced surveillance.

B. Health Care Systems

Pandemic Period

Infection control principles apply in any setting where persons with pandemic influenza might seek and receive healthcare services. The State of Alaska adopts Infection Control (Supplement 4) and Clinical Guidelines (Supplement 5) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Initiate active screening and triage of symptomatic patients for either a personal or contact history of travel to geographic area with novel virus activity.
- Promote strict adherence to infection control measures by all healthcare personnel.
- Provide or facilitate testing, management, and investigation of suspected case-patients.
- Ensure healthcare facilities receive specific instructions regarding specimen collection, packaging, and shipping.
- Conduct follow-up of suspected case-patients.
- Update providers regularly as the influenza pandemic unfolds.
- Investigate and report clusters.
- Limit the movement and transport of patients with influenza as much as possible.
- Develop and promote guidelines for safe transport of infected persons in medical aircraft.
- Assure availability of U.S. Health and Human Services Pandemic Influenza Plan Supplements 4 & 5 to provide recommendations for infection control in healthcare settings to all healthcare providers.
- Provide criteria for clinical evaluation and triage of patients with possible pandemic influenza.
- Assist with the initial clinical management of patients who meet the criteria for pandemic influenza.

C. Community Disease Control

Pandemic Period

SOCIAL DISTANCING

As previously discussed, one of the major strategies of community disease control is social distancing. The State of Alaska adopts Community Disease Control and Prevention (Supplement 8) and Management of Travel-Related Risk of Disease Transmission (Supplement 9) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Review and revise social distancing measures in light of current epidemiological data frequently throughout the period.
- Consult with state and local government officials regarding the appropriate timing for implementation of social distancing measures.
- Consult with school and college officials regarding closure of educational facilities.
- Monitor the effectiveness of containment strategies.
- Provide recommendations for discontinuing social distancing measures.
- Implement emergency staffing plans for the public and private sector, as appropriate.
- Close public gathering places, as appropriate.
- Promote respiratory hygiene/cough etiquette and hand hygiene.
- Close non-essential government functions, as appropriate.
- Activate community-based containment measures, as appropriate.
- Evaluate the need to implement or terminate travel-related disease transmission and containment measures for all public conveyances, as appropriate.
- Update the Commissioner of the Department of Health and Social Services regarding the epidemiology and impact of the pandemic in communities around Alaska.

ISOLATION AND QUARANTINE

The Alaska Statutes (AS 18.15.390) defines the authority of the Department of Health and Social Services to address public health disasters. In addition, Alaska Statutes 18.15.355-18.15.385 define the authority of the Department of Health and Social Services to collect and analyze health information, to conduct epidemiologic investigations, to institute isolation and quarantine measures, and to provide appropriate medical treatment.

The Division of Public Health will:

- Direct infectious case-patients to remain in isolation.
- Direct hospitals to implement strict isolation protocols for all patients suspected of being infected with pandemic influenza.
- Quarantine contacts, as appropriate.
- Work with the Municipality of Anchorage, CDC's Division of Migration and Quarantine and Arctic Investigations Program, the Section of Public Health Nursing, Alaska Native Tribal Health Consortium (ANTHC), and the Municipality of Anchorage Port Authorities to implement roles and responsibilities concerning isolation and quarantine procedures throughout Alaska.
- Implement isolation and quarantine procedures according to CDC guidelines.

- Work with healthcare providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, and alternate care facility) and those support systems are in place.
- Provide guidance to assist health-care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients or who develop influenza.
- Activate the Division of Public Health Isolation and Quarantine Plan (Supplement D) and the Alternate Care Site Plan (Annex G of the Alaska Public Health Emergency Operations Plan),¹ as needed.
- Recommend that hospitals implement isolation protocols for all patients suspected of being infected with pandemic influenza.
- Coordinate planning efforts for isolation and quarantine with Alaska communities and neighboring jurisdictions, as appropriate.

D. Vaccine Distribution and Use

Pandemic Period

The success of the pandemic influenza vaccination program will be determined in large part by the strength of the vaccination programs conducted and the plans developed during the Interpandemic Period. For example, higher vaccination rates will foster increased familiarity with and public confidence in influenza vaccines, and increased use of pneumococcal polysaccharide vaccine may decrease rates of secondary bacterial infections during a pandemic. Success during the Pandemic Period will depend upon the availability of the vaccine.

The State of Alaska adopts Vaccine Distribution and Use (Supplement 6) of the U.S. Health and Human Services Influenza Plan, November 2005.

BEFORE a pandemic vaccine becomes available, the Division of Public Health will:

- Mobilize healthcare partners, and prepare to activate Mass Vaccination Clinic Plans for distributing and administering vaccines (Annex F of the Alaska Public Health Emergency Operations Plan).¹
- Keep the healthcare and public health workforce up-to-date on projected timelines for availability of vaccines against pandemic influenza.
- Modify the plan, if needed, to account for possible updated interim recommendations on priority groups, projected vaccine supplies and timelines for availability, and staffing estimates for mass vaccination.
- Accelerate training in vaccination and vaccine monitoring for public health staff and for partners responsible for vaccinating priority groups.
- Work with other governmental agencies and non-governmental organizations to ensure effective public health communications.

AFTER a pandemic vaccine becomes available, the Division of Public Health will:

- Activate the Mass Vaccination Clinic Plan (Annex F of the Alaska Public Health Emergency Operations Plan).¹
- Administer vaccines according to priority protocols. (Supplement B)
- Monitor vaccine supplies, distribution and use.
- Monitor and investigate potentially vaccine-related adverse events.
- Ensure fair, equitable and orderly distribution of the vaccine as per CDC recommendations.
- Provide accurate and timely information to the general public about vaccine use and availability.
- Evaluate vaccine-related response activities when the pandemic has ended.

E. Antiviral Drug Distribution and Use

Pandemic Period

The State of Alaska adopts Antiviral Drug Distribution and Use (Supplement 7) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Distribute antiviral drugs to predetermined priority groups (Supplement A).
- Request additional antiviral doses from previously identified sources or from the Strategic National Stockpile, if available.
- Prepare for post-exposure prophylaxis in affected areas, if drug is available.
- Continue distribution and use of antivirals, as appropriate.
- Review and revise any interim recommendations on use of antiviral prophylaxis and/or treatment in selected groups or circumstances, as needed.
- Accelerate training on appropriate use of antiviral drugs among public health staff and healthcare partners.
- Monitor antiviral drug use and effectiveness.
- Monitor and investigate adverse events.

F. Communications

Pandemic Period

Activate Public Health Communication Plan (Annex B, also known as the Risk Communication Annex). This plan will serve as a guide and framework for implementation and use of communication tactics. Key activities relate to updating materials and identifying final communication channels.

DHSS public information staff will:

Plan

- Open Joint Information Center within EOC.
- Identify supplemental resource staff in DHSS to aide in communication efforts.
- Verify identified communication methods for message dissemination to all groups (e.g., industry, school, health providers, etc.).

Train

- Train supplemental resource staff to respond.
- Continue to train spokespersons.

Provide Public Information and Education

- Support the Director of the Division of Public Health and the Chief of the Section of Epidemiology about communication announcements regarding entry into the pandemic period.
- Update CDC materials; prepare and disseminate Alaska-specific communication materials.
- Update other basic communication materials (e.g., fact sheets, FAQs, and talking points) on influenza, influenza vaccine, antiviral agents, and other relevant topics in multiple languages and media.
- Open and staff a telephone hotline.
- Publicize a pandemic influenza Web site containing up-to-date information.
- Increase statewide media attention.
- Continue to make presentations, slide sets, videos and documentaries as needed.
- Monitor state and national media and respond to media requests.
- Conduct press conferences as requested by EOC.
- Develop a communication plan for mass vaccination/prophylaxis clinic(s), locations, times, and target audience (if vaccine and/or antiviral medications become available).

Provide Community Relations Coordination and Outreach

- Prepare information and guidelines for health-care providers.
- Verify target audiences.
- Implement community outreach.
- Familiarize DHSS and other public health staff with methods of communication in communities.
- Continue to communicate with partners, community leaders, legislators, and government officials.
- Continue to conduct symposia on surveillance, treatment, and prophylaxis.
- Work through the Joint Information Center with all partner agencies to maximize information dissemination efforts.

Supplements

ANTIVIRALS DISTRIBUTION & USE

Pandemic Influenza

Goals:

- Decrease health impacts including severe morbidity and death
- Maintain essential state services
- Support health care services in affected areas
- Preposition antivirals for rapid access

Assumptions:

- During a pandemic wave approximately 30% of persons will become ill.
- There is no surge capacity among the division of Public Health's doctors, nurses and laboratorians.
- There is a limited amount of antivirals in the state and additional supplies from the CDC will depend on the extent of the outbreak in the U.S.
- Early treatment of pandemic influenzas will decrease severity of illness, thus reducing the number of persons requesting hospitalization, and will prevent some influenza-related deaths.
- Antiviral drugs may be in short supply and may be used more efficiently for early treatment rather than prophylaxis, except in a few selected settings.
- The need for antiviral prophylaxis may decrease once an effective pandemic influenza vaccine becomes available for use among healthcare workers.
- Early treatment is a more efficient use of antivirals than widespread prophylaxis.

Prepositioning of Antivirals

The current strategy may change as more antivirals become available and our priorities become less restrictive. Hospitals are expected to dispense their existing inventory of antivirals in accordance with the priorities set forth in this Supplement.

Prepositioning of antivirals is based on the WHO Phases:

WHO raises the level to 4

- Deliver and store antiviral medication at every State Public Health Center.
- The amount will be based on regional populations and available stock, utilizing the State of Alaska Strategic National Stockpile Plan data.
- Public Health Center Nurse Managers will be the identified recipients.

WHO raises the level to 5

- Deliver antiviral medication from the Public Health Centers (PHC) to each community served by that PHC.
- The amount will be based upon local population and available stock, utilizing the SNS Plan data.
- This should be coordinated with ANTHC and regional health corporations.

Dispensing of Prepositioned Antivirals

Hospitals

- Hospitals/health-care providers are expected to dispense antivirals in accordance with the State of Alaska Pandemic Influenza Response Plan priorities located below.
- Hospitals/health-care providers should not be used as dispensing centers for communities.
- Requirement for hospitalization and antiviral treatment will be determined on a case-by-case basis.

Citizens

- Citizens should monitor local television and/or radio news stations for instructions concerning influenza triage and information regarding appropriate telephone contacts prior to visiting a hospital/health-care provider for influenza triage information.

Dispensing Centers

- DPH will provide necessary standing orders and coordinate with regional/local health-care providers.
- Dispensing should be conducted at the community level through coordination among DPH, PHC, and the regional/local health care delivery system(s).
 - Health-care providers should be aware that dispensing strategies will vary widely throughout Alaska due to population and available resources.
 - To the extent possible dispensing should take place away from PHCs or health care centers to avoid further exposure.
 - Critical infrastructure sectors, within communities should carefully assess the impact of a pandemic on their operations, both internally and externally. Essential service providers should be identified along with, materials, procedures and equipment that are absolutely necessary to ensure continuity of operations.
 - Lists of essential service providers and their family members should be made available to local dispensing center officials.
 - A pre-identified contact number, in the community, for essential service providers to report family illness should be established.
 - Volunteer or emergency medical mobile teams should be utilized to deliver antivirals to ill family members or persons involved in critical service functions.
- DPH will maintain regular contact with PHCs to determine the status of remaining antiviral inventory through traditional reporting by the local authorities to the SECC or directly by the PHC to the DPH EOC.
- Dispensing priorities will be adjusted as inventories are depleted or restocked.

Antiviral Priority Group Recommendations

Treatment (in descending order of priority):

1. Patients hospitalized with influenza
2. Health care workers and emergency medical service providers with direct patient contact
3. Public safety workers (fire, police), pandemic responders (public health investigators and responders), essential workers in government and infrastructure-support industry
4. Highest risk outpatients: immunocompromised persons and pregnant women
5. Increased risk outpatients: children aged 12-23 months, persons age 65 years and older, and persons with non-immunocompromised medical conditions
6. Others with symptoms of influenza

NOTE: Treatment priority groups may change based on the clinical and epidemiologic features of the pandemic, as well as the characteristics of the new virus.

Prophylaxis:

1. Prophylactic use of antiviral medications will be reserved for initial containment efforts and other highly select circumstances.
2. Final prioritization for prophylactic use of antivirals will depend on drug availability and clinical and virologic characteristics of pandemic influenza.

Based on Health and Human Service Pandemic Influenza Plan, Nov. 2005, Supplemental 7 and Implementation Plan for the National Strategy for Pandemic Influenza May 2006 Sections 6 and 9.

VACCINE DISTRIBUTION AND USE

Pandemic Influenza

Goals:

- Decrease health impacts including severe morbidity and death
- Minimize societal and economic impacts by preserving essential societal functions

Based on these goals, the State of Alaska has utilized the Health and Human Service Pandemic Influenza Plan. Appendix D, to develop a preliminary listing of priority groups to be immunized with available vaccine. As discussed in the previous section for Vaccine Distribution and Use - Interpandemic Period, further implementation plans will need to be developed to:

- include more specific definitions of the priority groups (e.g., which functions are indeed critical to maintaining continuity) and their size;
- define how persons in these groups will be identified; and
- establish strategies for effectively and equitably delivering vaccines and antiviral drugs to these populations.

Assumptions:

- **Morbidity and Mortality:** The greatest risk of hospitalization and death will be in infants, the elderly, and those with underlying health conditions. This assumption will require reconsideration of recommendations at the time of the pandemic based on the epidemiology of the disease.
- **Healthcare System:** The healthcare system will be severely taxed if not overwhelmed due to the large number of illnesses and complications from influenza requiring hospitalization and critical care.
- **Workforce:** During a pandemic wave in a community, between 25-30% of persons will become ill during a 6 to 8 week outbreak. At the peak of pandemic disease, about 10% of the workforce will be absent due to illness or caring for an ill family member. This impact may be greater if significant absenteeism occurs because persons stay home due to fear of becoming infected.
- **Critical Infrastructure:** Limited information is available to assess potential impacts on critical infrastructure sectors such as transportation and utility services. Because of changes in business practices and the complexity of networks, information from prior pandemics was not considered applicable.
- **Vaccine Production Capacity:** Because of unknown factors related to the amount of vaccine antigen required for each dose of vaccine and the fact that two doses may be required for protection, the assumptions upon which vaccine planning has occurred could substantially exceed the amount of vaccine that would be produced.

Alaska Priority Groups for Pandemic Influenza Vaccine

Assumptions based on current knowledge of influenza transmission and groups at risk of complications.
Subject to modification dependent upon actual epidemiology of pandemic influenza strain.

Tier	Population	Rationale
1A	<u>Health Care Workers</u> <ul style="list-style-type: none"> Medical workers and public health workers (including federal healthcare providers to Alaska Native corporations) who are involved in: <ul style="list-style-type: none"> Direct patient contact (e.g., vaccination) Support services essential for direct patient care 	<ul style="list-style-type: none"> Healthcare workers are required for quality medical care of ill persons. Minimal surge capacity exists among Alaska healthcare personnel to meet the increased demand resulting from transmission of a pandemic influenza strain.
1B	<u>Highest-Risk Groups</u> <ul style="list-style-type: none"> Persons ≥ 65 years of age with at least 1 influenza high-risk condition* Persons 6 months to 64 years of age with at least 2 influenza high-risk conditions* Persons 6 months of age or older hospitalized in the past year because of pneumonia, influenza or another influenza high-risk condition* <p style="text-align: center;">* does not include essential hypertension</p>	<ul style="list-style-type: none"> These groups are at high risk of hospitalization and death. (Persons who are immunocompromised and likely would not be protected by vaccination are excluded from this grouping.)
1C	<u>Household Contacts and Pregnancy</u> <ul style="list-style-type: none"> Household contacts of: <ul style="list-style-type: none"> Severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine Children <6 months of age Pregnant women 	<ul style="list-style-type: none"> Vaccination of household contacts of immunocompromised persons and young infants will decrease the risk of exposure and infection among those who cannot be directly protected by vaccination Pregnant women have been at high risk for influenza complications during past pandemics and periods of seasonal influenza.
1D	<u>Pandemic Responders</u> <ul style="list-style-type: none"> Public health emergency response workers critical to pandemic response Key government leaders/health-decision makers 	<ul style="list-style-type: none"> These persons are critical to assuring effective management/monitoring of pandemic influenza response activities. <ul style="list-style-type: none"> Public health emergency response workers are needed to implement tasks such as vaccination and to manage/monitor response activities. Key government leaders must preserve decision-making capacity for managing/implementing a response.
1E	<u>Critical Transportation Workers</u> <ul style="list-style-type: none"> Transportation workers who: <ul style="list-style-type: none"> Transport fuel, water, food, and medical supplies throughout Alaska Provide public ground transportation services 	<ul style="list-style-type: none"> Transportation workers assure critical supply lines are maintained throughout Alaska's immense geographic area, including many relatively isolated villages in rural Alaska.

(cont.)

Alaska Priority Groups for Pandemic Influenza Vaccine (*cont.*)

Assumptions based on current knowledge of influenza transmission and groups at risk of complications.

Subject to modification dependent upon actual epidemiology of pandemic influenza strain.

Tier	Population	Rationale
2A	<p><u>Other High-Risk Groups</u></p> <ul style="list-style-type: none"> • Healthy persons ≥ 65 years of age with no high-risk conditions • Persons 6 months to 64 years of age with 1 high-risk condition • Children 6–23 months of age 	<ul style="list-style-type: none"> • Persons in these groups are at increased risk for influenza complications, but they are not as high-risk as the populations listed in Tier 1B.
2B	<p><u>Critical Infrastructure Groups</u></p> <ul style="list-style-type: none"> • Public safety workers, including police, fire, 911 dispatchers, and correctional facility staff • Utility workers essential for maintenance of power, water, and sewage system functioning • Telecommunication/IT personnel responsible for essential network operations and maintenance 	<ul style="list-style-type: none"> • These persons include critical infrastructure groups that have an impact on maintaining health and societal functions.
3	<p><u>Other Groups</u></p> <ul style="list-style-type: none"> • Funeral directors/embalmers 	<ul style="list-style-type: none"> • Funeral directors comprise another important societal group for a pandemic response, but are of lower priority than other critical infrastructure groups.
4	<p><u>Non-High Risk Persons</u></p> <ul style="list-style-type: none"> • Healthy persons 2-64 years of age not included in any of the above categories 	<ul style="list-style-type: none"> • All persons not included in other groups may be vaccinated after completion of other priority groups, based on the objective to vaccinate all those who want protection.

Supplement C

SPECIMEN COLLECTION AND LABORATORY TESTING

This supplement is divided according to the World Health Organization (WHO) Phases 1-6.

Goals:

- Interpandemic Period (WHO Phase 1 and 2): to monitor typical seasonal influenza virus activity in Alaska.
- Pandemic Alert Period (WHO Phase 3, 4 and 5): to rapidly detect a pandemic strain of influenza virus in Alaska.
- Pandemic Period (WHO Phase 6): to document ongoing transmission and detect changing characteristics of a pandemic virus.

Assumptions:

During an influenza pandemic:

- Specimen triage may become necessary at Alaska State Virology Laboratory if the volume of submissions overwhelms laboratory capacity
- Rapid direct influenza (rapid test) methods may not be dependable for detecting a novel influenza virus at clinical laboratories
- Public Health Centers, clinics and laboratories expecting to test for influenza viruses will have influenza specimen collection supplies, packaging and shipping materials available
- Most cases of pandemic influenza will be diagnosed based on clinical findings without laboratory confirmation
- Specimen collection, testing and triage recommendations will change during the course of a pandemic

Implementation:

A. Interpandemic Period (WHO 1 and 2)

1. Routine seasonal influenza surveillance—role of Alaska State Virology Laboratory (ASVL) in Fairbanks:
 - (a) Viral culture of specimens submitted from:
 - i. Winter and summer sentinel surveillance sites
 - ii. Clinical specimens from providers statewide
 - iii. Outbreak investigations
 - (b) All respiratory specimens for viral culture are examined for influenza A and B viruses, respiratory syncytial virus (RSV), adenovirus, parainfluenza viruses, and rhinoviruses. Most viruses can be isolated by culture within 3-7 days after receipt by the lab; cultures with no growth will not be considered negative before 14 days after inoculation.

- (c) ASVL performs hemagglutinin (H) antigen typing on all influenza A isolates
- (d) Selected influenza isolates are sent to CDC/WHO influenza laboratory (Atlanta) for confirmation and additional typing
- 2. Viral culture data from ASVL is supplemented with reported results of rapid direct influenza testing at clinical laboratories around the State
- 3. Data from culture and rapid testing performed on specimens are collected and analyzed by Section of Epidemiology and ASVL. These data are used to track type, location, and character of seasonal influenza within the state.

B. Pandemic Alert Period (WHO 3, 4, and 5)

- 1. Routine laboratory surveillance for seasonal influenza activity will continue, as above.
- 2. Novel pandemic virus laboratory surveillance—role of Alaska State Public Health Laboratories in testing specimens meeting the CDC case definition, or with travel/exposure history consistent with the CDC recommendations for enhanced surveillance:
 - (a) Perform polymerase chain reaction (PCR) and serological testing:
 - To improve diagnostic sensitivity, PCR testing for pandemic influenza should be performed on multiple sample types. Sputum, throat swabs, nasopharyngeal swabs, nasopharyngeal washes/aspirates, bronchial lavages, or other respiratory tract fluids or tissues may be appropriate for testing. Optimal specimen type(s) for submission will likely be determined during the course of the pandemic. The specimens should be placed in Viral Transport Media (VTM) for shipment to the laboratory.
 - Acute-phase serum specimens should be obtained as early as possible after onset, and a convalescent-phase serum sample should be obtained 2 to 3 weeks after symptom onset. ASVL will provide updates to laboratories and the Section of Epidemiology concerning novel pandemic influenza virus specimen collection.
 - (b) Specimens are to be shipped as diagnostic specimens unless otherwise instructed. The specimens must be labeled, with an accompanying request form that clearly indicates the specimen as potentially containing pandemic influenza.
 - (c) Respiratory specimens from individuals who meet the CDC case definition for possible pandemic influenza will be analyzed by PCR for influenza A and B matrix, and influenza H1, H3, and H5 hemagglutinin subtype. Results should be available within 24-48 hours. Any influenza A-H5 positive samples will be forwarded to CDC for confirmation and neuraminidase (N) typing; these specimens will not be cultured at ASVL.
 - (d) Specimens will be tested at ASVL to the extent possible. The lab manager will initiate measures for surge testing capability at the Anchorage Public Health Laboratory (APHL) and possibly other laboratories as needed. ASVL

will notify the Section of Epidemiology to route specimens to APHL when necessary.

- (e) Clinical specimens will be processed at ASVL based upon:
 - i. The Alaska State Public Health Laboratories (ASPHL) capacity,

And
 - ii. Whether or not it is necessary to document the presence of the pandemic strain in:
 - A given geographic area (metropolitan or labor market regions)
 - Institution (e.g. nursing home, dormitory, hospital, prison)
 - Other defined population group
- (f) A specimen submitted directly to ASPHL without prior approval by the Section of Epidemiology will be run on a case-by-case basis according to:
 - i. ASPHL capacity, and
 - ii. The need for additional surveillance data for the geographic region or population group represented by that specimen(s).

3. Novel pandemic virus laboratory surveillance—role of the Section of Epidemiology:

- (a) ***Outbreak investigation(s) team from Section of Epidemiology will investigate initial cases/clusters* in order to implement containment measures, limit social disruption, and manage public health information. Appropriately trained staff from other Section of the Division of Public Health or from other agencies may supplement outbreak investigation teams.***
- (b) All clinical specimens taken from patients must be approved for processing by the Section of Epidemiology.
- (c) During WHO phases 4 and 5, increased specimen collection for laboratory testing at sentinel surveillance sites and participation of influenza-like-illness reporting may be requested to detect entry and spread of a pandemic influenza strain into the State.
- (d) The Section of Epidemiology will notify ASVL of all specimens approved for processing, either by phone, facsimile, or a secure Internet-based system (First Class or the Laboratory Information Management System).
- (e) The Section of Epidemiology will notify and update health-care providers through the Alaska Health Alert Network, *Epidemiology Bulletins*, and faxes regarding:
 - i. The case definition for pandemic influenza disease
 - ii. How, what type, and amount of specimens to collect (based on ASVL recommendations)

- iii. Optimal timing to collect specimen (ideally, as soon as possible after onset of illness)
- 4. Fairbanks Universal Lab Request Form will include a space indicating that the Section of Epidemiology has been contacted and specimen(s) approved for processing.

C. **Pandemic Period** (WHO 6)

- 1. Novel pandemic virus laboratory surveillance continued as above in B.2 and 3.
- 2. During pandemic transmission of a novel influenza virus, impact mitigation activities will take precedence over specimen collection surveillance activities; however, some specimen collection will continue, to detect the initial cases in a new geographic area and to monitor antigenic and genetic changes and antiviral resistance patterns, in collaboration with the CDC and the WHO.
- 3. Section of Epidemiology will provide ongoing updated information about specimen collection to clinical laboratories and health-care providers throughout the pandemic period through the Alaska Health Alert Network, *Epidemiology Bulletins*, faxes, and other media.

*In general, a cluster is 3 or more people with illness meeting the case definition for pandemic influenza and with onsets of illness within 7 to 10 days of each other within a defined geographical area. However, any cluster of deaths from respiratory disease of unexplained cause should result in immediate reporting, regardless of contact history and may require further investigation.

ISOLATION AND QUARANTINE

Pandemic Influenza

Goals:

- Pre-pandemic phase: to prevent introduction of influenza into Alaska.
- Pandemic phase: to slow the spread of influenza in communities and in the State.

Assumptions;

- Isolation and quarantine of individuals may not be beneficial or feasible during the pandemic phase. These strategies are most useful in the late pre-pandemic phase.
- Group and community containment measures are most useful during the pandemic phase, when there is widespread transmission in communities.
- Isolation and quarantine, whether for an individual, a group, or a community, is best implemented on a voluntary basis.

Implementation:

A. Individual containment measures

1. Patient isolation

(a) Case definition for suspected novel influenza disease¹

A patient with influenza-like illness (ILI)² who

Visited or lived in an area affected by a documented novel influenza strain within 10 days of symptom onset, and who had:

- Close contact with a person with suspected or confirmed infection with the novel influenza virus, or
- Close contact with a person who died or was hospitalized due to a severe respiratory illness.
- Direct contact with poultry or poultry products, consumption of uncooked poultry or poultry products, or direct contact with surfaces contaminated poultry feces.

or

Has an occupational risk for exposure to a live novel influenza virus

- Health care workers in direct contact with patients with a suspected or confirmed novel influenza case.
- Laboratorians working with animal or novel influenza viruses.

¹ Novel influenza is an avian or animal influenza strain that can infect humans or a new or re-emergent human strain that causes human disease.

² The definition of ILI is a temperature of >38°C plus either sore throat, cough, or dyspnea.

- Workers in poultry farms, live poultry markets, or poultry processing operations with known or suspected avian influenza infection.

(b) Criteria for implementation

- All local cases are either imported or have clear epidemiologic links to other cases.
- There is limited transmission in the area, usually occurring among close contacts to cases.

(c) Strategies

- Separate patient(s) from persons who are well.³
- Depending on clinical status, the patient may be isolated in a hospital, a community facility, or at home.
- Advise healthcare provider(s) and facility of additional steps that should be taken (if any) before and after laboratory test results are available.
- List all individuals who were in contact with the patient while infectious.

2. Close contact containment measures

(a) Definition of close contact

Direct physical contact, or approach within 3 feet (1 meter) of a person with suspected or confirmed novel influenza. Contacts may include family, friends, work colleagues, classmates, fellow passengers, and/or healthcare providers.

(b) Criteria for implementation

- Later stages of the pre-pandemic period. (Probably not practical during the pandemic phase.)
- High likelihood that the suspected case is due to a novel influenza strain.
- High likelihood that the novel influenza strain is transmitted from person-to-person with moderate or high efficiency.
- Contact tracing within 48 hours of exposure is logistically possible.

(c) Strategies to consider

- Determine whether to implement passive versus active monitoring.
- Determine what activities to restrict.
- Determine location of containment: home or in a designated facility.
- Monitor each contact at least once a day (phone or in person):
 - Twice daily monitoring will allow earlier detection.
 - Assess symptoms (fever, respiratory symptoms, chills, rigors, myalgia, headache, or diarrhea).
 - Isolate and transfer for medical evaluation and care if symptoms develop.
- Release from quarantine after observation through one maximum incubation period.
- Collect specific information on each contact:

³ HHS Pandemic Influenza Plan, Supplement 4

- Who the contact was exposed to.
- Relationship with the case.
- Nature and time of exposure.
- Whether vaccinated or on antiviral prophylaxis.
- Underlying medical conditions.
- Whether or not contact developed ILI.
- Number of days between onset of symptoms and exposure to case.

B. Community containment measures⁴

1. Groups of exposed or at-risk people

(a) Examples: a family or household unit, a workplace or school, staff at a health care facility, or passengers on an airplane.

(b) Criteria for implementation

- There is limited disease transmission occurring in the area.
- Most cases can be traced to contact with a known case or exposure setting (e.g. school, workplace).
- Intervention will likely slow spread of infection or decrease the magnitude of the outbreak.

(c) Strategies to consider

- Quarantine a group of exposed people (at home or at a designated site)
- Restrict or halt use of specified sites or buildings (e.g. cancel public events, close recreational facilities).

2. Entire community(s)

(a) Examples: a political jurisdiction, a geographically defined area such as a village.

(b) Criteria for implementation

- There is moderate to extensive disease transmission in the area.
- Many cases cannot be traced to specific contact with an earlier case or known exposure.
- Cases are increasing among contacts of influenza patients.
- There is a delay between the onset of symptoms and the isolation of cases because of the large number of ill persons.

(c) Strategies to consider

- Disseminate public information about community infection-control measures:
 - Respiratory hygiene (cover your cough).
 - Use & disposal of tissues that contain respiratory secretions.

⁴ HHS Pandemic Influenza Plan, Supplement 8, Appendix 1. Interventions for Community Containment.

- Hand cleansing after contact with respiratory secretions and contaminated articles.
- Special recommendations for persons at high risk for complications of influenza.
- Declare “snow days” and self-shielding:
 - Advise everyone to stay home from work and school.
 - Start with a 10-day period, and extend as indicated by epidemiology and other assessments.
 - Provide for vital infrastructure services (police, fire, utilities, EMS).
- Close buildings: offices, shopping malls, schools:
 - Evaluate benefit to slowing the transmission versus the impact on community and workforce.
 - Implement plan to maintain critical supplies and infrastructure.
- Close public transportation: buses, airplanes, trains:
 - Provide alternative transportation for medical emergencies, health evaluations, and mass prophylaxis/vaccination clinics.
- Quarantine an entire community(s):
 - Require everyone to stay home.
 - Restrict travel into and out of the quarantined area.
 - Implement legal enforcement plan (to be developed).

Table 1: Implementation of Community Containment Measures⁵

Level of influenza activity	Response
No novel influenza strains of public health concern in global circulation	Preparedness planning
Limited novel influenza virus transmission abroad; all local cases are either imported or have clear epidemiologic links to other cases	Quarantine of close contacts
Limited novel influenza virus transmission in the area, with either a small number of cases without clear epidemiologic links to other cases or with increased occurrence of influenza among their close contacts	Quarantine of close contacts
Sustained novel influenza virus transmission in the area, with a large number of cases without clear epidemiologic links to other cases; control measures aimed at individuals and groups appear to be effective	Focused measures to increase social distance; consider community-based measures
Sustained novel influenza activity in the area, with a large number of cases in persons without an identifiable epidemiologic link at the time of initial evaluation; control measures are believed to be ineffective	Community-level measure to increase social distance; consider snow days and community-wide quarantine
Decreases in the number of new cases, unlinked (or “unexpected”) cases, and generations of transmission	Quarantine of contacts
Transmission has been controlled or eliminated; no new cases reported	Active monitoring in high-risk populations; continue for 2-3 incubation periods after control or elimination of transmission.

⁵ HHS Pandemic Influenza Plan, Supplement 8, Box 2. Graded Implementation of Community Containment Measures

ENHANCED SURVEILLANCE

In Alaska, diagnostic laboratories, but not health-care providers, are required to report seasonal (non-pandemic) influenza infections to the Section of Epidemiology. During an influenza pandemic, however, CDC might declare illness caused by the pandemic strain to be a disease of public health significance. In such case, the Section of Epidemiology will request health-care providers and laboratories to report cases. Chapter 6 of the National Strategy for Pandemic Influenza–Implementation Plan (May 2006) provides a detailed discussion regarding establishing enhanced surveillance measures such as making influenza reportable by health-care providers during an influenza pandemic (this document is available at:

http://www.whitehouse.gov/homeland/nspi_implementation.pdf).

DIRECTOR, DIVISION OF PUBLIC HEALTH WILL:

During Pandemic Phases 4, 5, and 6

- Work with representatives from SECC, CDC, Section of Epidemiology, Section of Laboratories and Section of Nursing to implement the Enhanced Surveillance Plan.
- Reassign staff throughout the Division as needed for activities such as handling phone calls, data entry, tracking costs, shift changes, and collection of surveillance data from remote locations.

SECTION OF EPIDEMIOLOGY WILL:

During Pandemic Phase 4

- Activate State of Alaska Emergency Communications Plan
- Work with CDC, Arctic Investigations Program, and Quarantine Officer to implement the plan.
- Use the influenza-like illness (ILI) case definition, or other case definitions, as appropriate, for surveillance to detect increases of illness in the community. The ILI case definition for seasonal influenza is an illness characterized by fever (temperature of $\geq 100^{\circ}\text{F}$ [37.8°C]) and cough and/or sore throat in the absence of a known cause other than influenza.
- Provide information on any revisions to the ILI case definition and methods of diagnosis to health-care providers and facilities through Health Alert Network (HAN) notices, the Epidemiology Bulletin, and the media.
- Convene teleconferences with hospitals and clinicians to communicate enhanced surveillance procedures.
- Provide informational messages and regularly scheduled status updates to public and health-care providers, with special alerts as necessary.
- Identify resource needs and pre-position supplies for collection of microbiological specimens to outlying geographic areas.
- Disseminate community disease exposure control (non-pharmaceutical interventions) information.
- Contact key industries and school districts for weekly reports of absenteeism.

- Contact hospital infection control practitioners regularly to discuss any patients meeting the pandemic influenza case definition.
- Establish surveillance for ILI among patients visiting emergency departments utilizing the *Pandemic Influenza Surveillance Form* included in this supplement.
- Analyze emergency department data regularly for disease trends and characteristics of pandemic.
- Contact hospital laboratories regularly to make sure that laboratories have an adequate stock of viral transport media and request immediate reporting of positive influenza rapid tests (if applicable).
- Utilize electronic laboratory surveillance from key hospitals to track confirmed cases, if possible.
- Establish and maintain a database of possible cases of pandemic influenza.
- Maintain Epidemiology Team “fitness for duty” (i.e., immunizations, PPE training, and supplies such as influenza specimen collection and shipping materials).
- Analyze database regularly, prepare report on epidemiology of pandemic influenza cases, and post on web site.
- Communicate surveillance data through the Epidemiology *Bulletin*, HAN, or other communication channels, as appropriate.
- Track the number of contacts in home or work quarantine and/or taking prophylactic antiviral medication.

During Pandemic Phases 5 and 6

- Continue the aforementioned tasks.
- Track trends in influenza disease activity and conduct special investigations, when possible, to identify populations that are severely affected.
- Track antiviral medication and vaccine distribution.
- When a vaccine is available, track vaccine safety through the Vaccine Adverse Events Reporting system (VAERS).
- Monitor the pandemic’s impact on health (e.g., by tracking outpatient visits, hospitalizations, and deaths).

SECTION OF LABORATORIES WILL:

During Pandemic Phases 4, 5, and 6

- Utilize the Supplement C Specimen Collection and Laboratory Testing guidance.
- Triage specimen samples.
- Develop guidelines for diagnostic testing in coordination with Section of Epidemiology.

SECTION OF NURSING WILL:

During Pandemic Phases 4, 5, and 6

- Assist with educating and disseminating pandemic influenza information prepared by DPH through the 23 Public Health Centers.
- Keep Section of Epidemiology updated regarding distribution of antiviral drugs or vaccines, if available.
- Assist with incorporating disease surveillance and outbreak containment information into local emergency planning.
- Make sure that staff personnel are fit tested and equipped with PPE and specimen collection capabilities to assist with field work.
- Maintain a small cache of appropriate packaging material at each Public health Center to assist with initial specimen collection.
- Include Public Health Centers in local emergency response phone trees.

HOSPITALS AND CLINICS

During Pandemic Phases 4, 5, and 6

Section of Epidemiology staff will request assistance from health-care providers and associated staff to identify cases of pandemic influenza. Data collected will assist with early detection, investigation, and community intervention decisions. Personnel at hospitals and clinics should regularly monitor the Section of Epidemiology webpage (www.epi.hss.state.ak.us) for updates during these phases.

The Alaska Division of Public Health requests hospitals and/or clinics to:

- Review pandemic influenza response plans (assistance is available from the Division of Public Health).
- Activate pandemic influenza plans and infection control protocols in order to secure and maintain supplies, manage human resources, and provide health care in a manner that is efficient and maintains the infrastructure of the community's health care capacity.
- Increase activities designed to identify cases of illness that might be caused by a pandemic strain of influenza.
- Assist the Section of Epidemiology in the surveillance, investigation, control, and treatment of patients utilizing the Pandemic Influenza Suspect Case Protocol algorithm.
- Maintain communications throughout points of entry into hospital or clinic to assure early identification and implementation of appropriate infection control precautions.
- Using the Pandemic Influenza Surveillance Form, provide Section of Epidemiology with weekly counts of patients evaluated with suspected pandemic influenza.
- Perform active monitoring of staff exposed to patients with pandemic influenza using the HCW Monitoring Form.
- Activate the Hospital Executive Management Team to ensure Hospital Emergency Incident Command System (HEICS) can be activated as necessary.
- Be prepared to coordinate and/or assist with separate triage and alternate care sites in their respective communities.

Pandemic Influenza Surveillance Form – State of Alaska DHSS

Instructions: Please use this form to report cases of pan-flu when instructed by the Section of Epidemiology to begin Enhanced Surveillance. A case definition will be provided at that time.

Person Reporting: Institution Affiliation: Phone:	Week of: ____ / ____ / ____
--	------------------------------------

Check one: ED <input type="checkbox"/> - OR - TRIAGE CENTER <input type="checkbox"/> Center Name: _____												
	Date	# Visits	#Visits w/Pan Flu Dx	Ages of Pan Flu Patients				Triage To:				
								Home		Hosp	Alt Care Site	Morgue
				0-4	5-24	25-64	≥65	Not Flu	Isolation			
Sun												
Mon												
Tues												
Wed												
Thu												
Fri												
Sat												

HOSPITAL / INPATIENT								
	Date	# Beds Filled	# Beds w/Pan Flu Dx	Ages of Hospitalized Pan Flu Patients				# Deaths due to Pan Flu
				0-4	5-24	25-64	≥ 65	
Sun								
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								

Email daily to Epidemiology at: outbreak.state.ak.us - OR - Fax daily to Epidemiology at: (907) 562-7802

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Healthcare Worker Influenza-like Illness Monitoring Form

Name: _____

Home Phone: _____

Job Title: _____

Work Location: _____

Date(s) of exposure (list all; use back side if necessary): ____/____/____ ____/____/____

Describe contact with AI patient, patient environment, or virus: _____

Was personal protective equipment (PPE) used? Yes ☐ No ☐

If yes, list PPE used (e.g., gown, gloves, particulate respirator, surgical mask, eye protection, etc.): _____

List any non-occupational exposures (i.e., exposure to birds or persons with severe acute febrile respiratory illness): _____

Please check your temperature twice per day (morning and evening) for 10 days after caring for an AI-infected patient (including 10 days after your last exposure), and monitor yourself for any of the following influenza-like illness (ILI) symptoms including:

- Fever (temperature $\geq 37.8^{\circ}\text{C}$ [100°F])
- Sore throat
- Myalgia or prostration
- Gastrointestinal symptoms (e.g., diarrhea, vomiting, abdominal pain)
- Cough
- Arthralgia
- Acute onset of respiratory illness

If ILI symptoms occur, minimize your interactions with others, avoid public areas, and notify Alaska Section of Epidemiology staff at (907) 269-8000 during business hours or (800) 478-0084 after hours.

Day 1	Day 2	Day 3	Day 4	Day 5
Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____
AM temperature	AM temperature	AM temperature	AM temperature	AM temperature
PM temperature	PM temperature	PM temperature	PM temperature	PM temperature
ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>

Day 6	Day 7	Day 8	Day 9	Day 10
Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____
AM temperature	AM temperature	AM temperature	AM temperature	AM temperature
PM temperature	PM temperature	PM temperature	PM temperature	PM temperature
ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>	ILI symptoms Yes <input type="checkbox"/> No <input type="checkbox"/>

Avian influenza, including influenza A (H5N1), in humans: WHO interim infection control guidelines for healthcare facilities—24 April 2006

Pandemic Influenza Suspect Case Protocol

HOSPITAL

Provider suspects Pandemic Influenza

- Verify HCW PPE (mask, goggles, gown and gloves)
- Mask patient
- Isolate patient in negative pressure room or single room (if negative pressure room unavailable)
- Notify hospital ICP
- Verify that patient meets case definition

- Alaska Section of Epidemiology approves specimen collection

Collect Multiple Specimens

- Rapid flu test (if available)
- Preferred specimens: oropharyngeal swab or lower respiratory tract (e.g., bronchoalveolar lavage or tracheal aspirate) into viral transport medium
- Acceptable: nasal or nasopharyngeal swab
- Acute serum (5 ml) in red top tube

Submit specimens with Specimen Collection Form to ASVL in Fairbanks via GoldStreak (Section of Epidemiology will help expedite)

ICP:

- Identify affected hospital personnel
- Begin antiviral prophylaxis in consultation with Section of Epidemiology

Begin antiviral treatment in consultation with Section of Epidemiology

EPIDEMIOLOGY

Notify Section of Epidemiology:
1-907-269-8000
OR
1-800-478-0084

- Complete CDC Case Screening Form
- Advise the treating physician on treatment; provide treatment if needed

AND

- Notify Division Director and Section Chief
- Notify CDC DEOC at 1-770-448-7100

AND

Advise ASVL of pending specimens and help expedite

AND

- Interview patient or family member to identify close contacts or others exposed to avian source
- Determine and provide post-exposure prophylaxis as needed.
- Coordinate support for necessary home I & Q

PANDEMIC INFLUENZA NOTIFICATION PROTOCOL

For first suspected or confirmed human cases of avian or pandemic influenza in Alaska

Assumptions:

- Reports of notifiable conditions and unusual infectious disease events are reported to the Surveillance and Outbreak Team (Epi Team) in the Section of Epidemiology.
- The Section of Epidemiology triages all specimens submitted for H5N1 HP avian influenza A or pandemic strains of influenza testing at the Alaska State Public Health Laboratories.
- The Alaska State Public Health Laboratories (ASPHL) performs all in-state testing for H5N1 HP avian influenza and pandemic influenza on specimens collected from humans with influenza-like illness.
- Confirmatory laboratory testing is done at the Centers for Disease Control (CDC) or other approved out-of-state laboratory.

Possible scenarios:

- 1) A patient is suspected to have avian or pandemic influenza:
The Division of Public Health (Section of Epidemiology) receives a report of a case of avian or pandemic influenza from an in-state health-care provider. An epidemiologic investigation of the report confirms that the suspected case meets the CDC and/or World Health Organization case definition. Laboratory testing at the ASPHL or other laboratory is pending.
- 2) Positive laboratory test for H5N1 HP avian influenza A or pandemic influenza is reported:
 - a) A clinical specimen is submitted directly to ASPHL and subsequently approved for testing by the Section of Epidemiology. The specimen is a preliminary positive.
 - b) The CDC or other approved laboratory confirms a preliminary positive test and reports to the Division of Public Health.
 - c) An out-of-state laboratory reports a positive test from a person who may have been infected while in Alaska.

Who is notified about suspect or positive sample results (See flow chart on Page 4):

Scenario 1 or 2 is identified by the Section of Epidemiology Surveillance and Outbreak Team (Epi Team).

- The Epi Team will notify the State Chief Epidemiologist.
- The State Chief Epidemiologist will notify:
 1. Public Health Division Director
 2. Chief of Public Health Nursing
 3. Chief of Alaska State Public Health Laboratories
 4. Preparedness Program Manager
 5. Center for Disease Control & Prevention
 6. And, ensure these additional actions are taken:
 - a. Preparation of an initial situation report about investigation.
 - b. Supervise the preparation and distribution of a Public Health Alert for health-care providers.
 - c. Supervise the preparation and distribution of an Epidemiology *Bulletin*.

- The Director of Public Health will notify:
 1. The Public Health EOC Incident Commander
 2. DHSS Commissioner
 3. The Multi-Agency Coordination (MAC) Group (*The DHSS Commissioner is the co-chair of the MAC; she has delegated that responsibility to the DPH Director. However, either one can perform this function.*)
 4. DHSS Special Assistant for Communications; Special Assistant will notify designated Public Information Officer.
- The DHSS Commissioner will notify:
 1. Governor's Office: Special Staff Assistant and Deputy Chief of Staff.
- EOC Incident Commander will:
 1. Convene an EOC Planning teleconference (DPH Director; Deputy Director; Section Chiefs for Epi, Labs, PHN and IPEMS; Preparedness Program Manager).
 2. Notify the State Emergency Coordination Center.

Public communication scenarios

NOTE: refer to the following documents for specifics of public communication response plan; general response noted below:

Emergency Operations Plan, Risk Communication Annex (Annex B)

Pandemic Influenza Response Plan, Communication Sections (Interpandemic/Pandemic Alert and Pandemic Period)

- The first human cases detected in Alaska:
 1. In the event that either a presumptive positive or confirmed positive case is reported, Section of Epidemiology staff will provide the facts of the case to the Division of Public Health EOC Public Information Officer, who will prepare appropriate press materials and begin media event planning.
 2. The draft news release will be routed for approval to:
 - a. DPH Chief Epidemiologist
 - b. EOC Incident Commander
 - c. DHSS Commissioner
 - d. Once approved, it will be disseminated to state media outlets and local, federal and state agency partners as identified.
- Additional human cases:
 1. As new cases are reported, regular updates will be provided using chains of communication described above.
 2. As additional cases and related deaths are reported, this information will be released to the news media on a regular basis.

PANDEMIC INFLUENZA RESPONSE PLAN OPERATIONAL CHECKLIST

Alaska Influenza Plan Periods	Interpandemic & Pandemic Alert Periods	Pandemic Periods			Check off
WHO Pandemic Alert Phases	Phases 1-3	Phase 4	Phase 5	Phase 6	
Command, Control and Management Procedures					
State of Alaska Emergency Operations Center – Operational 24/7					
Develop a state pandemic influenza preparedness plan that links with existing State of Alaska Division of Public Health, Emergency Operations Plan					
Integrate and coordinate state and local community response plans.					
Coordinate activities with bordering jurisdictions					
Educate public prior to the onset of an influenza pandemic on expectations, roles, and responsibilities					
Activate State of Alaska Division of Public Health Pandemic Response Plan					
Revise and update State Influenza Plan					
Surveillance and Investigation					
Continue virologic Surveillance					
Promote and expand disease surveillance network					
Monitor state influenza activity weekly, consider year-round surveillance					
Ensure test kits are available at all hospitals					
Train HC providers concerning suspect cases					
Activate enhanced surveillance					
Activate enhanced virologic and disease surveillance					
Consider activating emergency staffing levels					
Activate disease investigation teams					
Health Care Systems					
Educate Healthcare Providers about pandemic flu					
Promote and train infection control measures					
Provide or facilitate testing, management and investigation of suspected patients with novel influenza virus					
Assure proper specimen collection and shipping					
Work with CDC to investigate and report special pandemic situations					
Initiate active screening & triage of symptomatic people					
Limit movement and transport of patient with influenza					
Provide criteria for evaluating patient					
Assist with clinical management of pt. meeting criteria					

Alaska Influenza Plan Periods (continued)	Interpandemic & Pandemic Alert Period	Pandemic Period			Check off
WHO Pandemic Alert Phases	Phases 1-3	Phase 4	Phase 5	Phase 6	
Community Disease Control					
Educate stakeholders regarding Social Distancing					
Develop plans to implement Social Distancing measures					
Educate public concerning social distancing measures					
Develop community plans for Isolation and Quarantine measures					
Individual isolation of influenza cases					
Quarantine close contacts of influenza cases					
Educate public concerning defer travel to countries impacted by influenza					
Consider implementing Community Disease control/ Social Distancing measures according to epidemiological data and local plans.					
Monitor effectiveness of containment measures					
Activate Division of Public Health Isolation and Quarantine Plan					
Consider activating Division of Public Health Alternate Care Site Plan					
Vaccine Distribution and Use					
Vaccinate against seasonal influenza and pneumococcal					
Prepare for mass vaccination clinics					
Review priority groups					
Ensure effective public health communications					
Activate prioritized vaccination plan if vaccine available					
Monitor vaccine supplies, distribution and use					
Monitor and investigate adverse events					
Consider conducting mass clinics					
Antiviral Drug Distribution and Use					
Inventory store supplies					
Stockpile antivirals					
Plan and train for rapid distribution and use					
Review guidelines					
Review and revise priority groups if needed					
Prepare to activate SNS					
Recover unused supplies					
Use antiviral for medical management novel strain					
Educate public concerning priority groups					
Discontinue antiviral distribution when not needed					
Activate antiviral priority protocol					
Review & revise priority groups and begin to distribute					
Request resources from SNS					
Prepare for post-exposure prophylaxis					
Monitor antiviral drug use and effectiveness					
Monitor and investigate adverse events					
Ensure effective public health communications					

Alaska Influenza Plan Periods (continued)		Interpandemic & Pandemic Alert Period	Pandemic Period			Check off
WHO Pandemic Alert Phases		Phases 1-3	Phase 4	Phase 5	Phase 6	
Communication						
Activate interpandemic and pandemic alert communication plan						
Activate pandemic period risk communication plan						
Ensure effective public health communications						
	Presently Active					
	Consider and Activate item					
Updated 9-13-06 bjs						

COMMUNITY PLANNING CHECKLIST

Pandemic Influenza

Coordination between state and local pandemic plans is critical to assure effective implementation of response activities and delivery of quality medical care in the context of increased demand for services. The following checklist can be used to help local emergency planners identify areas that need to be addressed in the development of a community pandemic influenza plan.

A. Command, Control and Management Procedures	Completion Date/Person Responsible
<input type="checkbox"/> Develop a local pandemic influenza preparedness plan that links with existing emergency plans.	
<input type="checkbox"/> Identify who will be the local administrative decision makers during the pandemic.	
<input type="checkbox"/> Meet with local stakeholders and review major elements of the local pandemic influenza plan.	
<input type="checkbox"/> Decide when the pandemic plan is implemented and assure local emergency plans are implemented during the influenza pandemic.	
<input type="checkbox"/> Develop and implement a local mass vaccination plan based on the state's EOP Mass Prophylaxis Annex F.	
<input type="checkbox"/> Develop a plan to close and re-open schools, businesses, and other public events, if necessary.	
<input type="checkbox"/> Develop a plan to educate the public prior to the onset of the pandemic.	
<input type="checkbox"/> Coordinate activities with bordering jurisdictions.	
B. Surveillance	
<input type="checkbox"/> Support state surveillance activities including Sentinel Clinician Surveillance and Laboratory Surveillance and any enhanced surveillance activities that may be requested during a pandemic.	
<input type="checkbox"/> Monitor local hospital census.	
<input type="checkbox"/> Monitor local death rates.	
<input type="checkbox"/> Monitor absentee rates in schools.	
<input type="checkbox"/> Keep the SOE informed of all surveillance activities.	
C. Vaccine Delivery	
<input type="checkbox"/> Identify locations for mass clinic sites.	
<input type="checkbox"/> Continue to emphasize annual influenza vaccine and the use of pneumococcal polysaccharide vaccine during the Interpandemic and Pandemic Alert Periods.	
<input type="checkbox"/> Coordinate activities with bordering jurisdictions.	
<input type="checkbox"/> Identify priority groups for vaccination based on state recommendations.	
<input type="checkbox"/> Use current population estimates to quantify the number of persons in priority groups for vaccination.	
<input type="checkbox"/> Utilize state standing orders for influenza vaccination.	
<input type="checkbox"/> Assure the security of influenza vaccine during storage and delivery when available.	
<input type="checkbox"/> Develop, practice and, if needed, implement a Mass Vaccination Clinic Plan in conjunction with the state EOP.	

D. Antivirals	Completion Date/Person Responsible
<input type="checkbox"/> Using state-wide plans, identify high-risk groups in the community that antivirals will likely be needed for if vaccine is not available.	
<input type="checkbox"/> Coordinate the delivery of antivirals to high-risk individuals in the community based on state recommendations.	
<input type="checkbox"/> Determine whether state will stockpile antivirals, and if so amounts and use.	
E. Risk Communication	
<input type="checkbox"/> Develop a communication plan in conjunction with local emergency management coordinators, and the hospital or the primary local healthcare facilities, in the area, to coordinate with the state risk communication plan.	
<input type="checkbox"/> Coordinate communication plans with HRSA recommendations to address public and media needs.	
<input type="checkbox"/> Develop a 24/7 contact list for staff.	
<input type="checkbox"/> Develop a list of local media contact names and numbers and methodology to quickly send them information.	
<input type="checkbox"/> Develop an internal plan on how to distribute information passed on from DHSS/SOE to appropriate local healthcare staff.	
<input type="checkbox"/> Establish a local information hotline and develop a plan to staff the call center.	
<input type="checkbox"/> Determine how daily briefings with spokespersons and clinic leaders would be conducted to determine new information to be relayed to public and SOE for state communications.	
<input type="checkbox"/> Develop a method to post current information on an appropriate website.	
<input type="checkbox"/> Develop plans for communicating with special populations in the local area (AK Native languages, Filipino, Spanish, Russian, etc.)	
<input type="checkbox"/> Designate spokespeople for local media. Identify a primary spokesperson and backups in conjunction with local emergency management. Spokesperson may be an elected official, medical personnel or public relations person.	
F. Health Care/Emergency Response	
<input type="checkbox"/> Develop and maintain an inventory of emergency medical personnel and supplies.	
<input type="checkbox"/> Identify local surge capacity sites.	
<input type="checkbox"/> Develop and coordinate a local Emergency Operations Plan (EOP) to include plans for pandemic influenza with local public health centers in consultation with local emergency managers.	
<input type="checkbox"/> Participate, if requested, in mass casualty/fatality disaster exercises.	
<input type="checkbox"/> Assure local registrars have development of plans for filing and issuing death certificates in a mass fatality situation.	
<input type="checkbox"/> Activate the hospital plan in conjunction with the Division of Public Health.	
<input type="checkbox"/> Identify essential services within the jurisdiction and develop a local plan to assure as little as possible interruption of these services. Services may include fire protection, water, sewer, home healthcare, and delivery of food to those in need.	

REFERENCES

1. Alaska Department of Health and Social Services Public Health Preparedness Office. Alaska Public Health Emergency Operations Plan - Draft. (2004). (Annex A, Annex B, Annex C, Annex F, Annex G)
2. Association of State and Territorial Health Officials. (2002). Preparedness Planning for State Health Officials.
3. British Columbia Pandemic Influenza Preparedness Plan. December 2004.
4. Centers for Disease Control and Prevention. (2004). CDC Guidelines for Large Scale Influenza Vaccination Clinic Planning, 2004-2005.
5. Centers for Disease Control and Prevention. (2005). Updated Infection Control Measures for the Prevention and Control of Influenza in Health-Care Facilities Guidelines and Recommendations (pp.1-4).
6. Department of Health and Family Services, Bureau of Communicable Diseases. (2004). Wisconsin Pandemic Influenza Preparedness Plan.
7. Department of Health and Human Services, National Vaccine Program Office. (2004) Pandemic Influenza Preparedness Plan, (Annex's 7, 8, 9).
8. Massachusetts Comprehensive Emergency Management Plan. (2003) Draft 5.3, Template for Local Infectious Disease Emergency Planning and Response, MATown, Massachusetts.
9. New Jersey Department of Health and Senior Services. (2004). Influenza Surge Capacity Guidance for General Hospitals.
10. North Carolina Pandemic Influenza Plan. October 1, 2004
11. Seattle & King County Pandemic Influenza Response Plan. December 1, 2005
12. United States Department of Health and Human Services Pandemic Influenza Plan. November 2005
13. World Health Organization. (2004). WHO Consultation on Priority Public Health Interventions Before and During an Influenza Pandemic.

Pandemic Influenza Website References and Recommended Reading

HHS National Pandemic Influenza Response and Preparedness Plan <http://www.hhs.gov/pandemicflu/plan/>

CDC website <http://www.cdc.gov/flu/pandemic.htm>

Canadian Pandemic Influenza Plan <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

BC Pandemic Influenza Preparedness Plan <http://www.bccdc.org/content.php?item=150>

WHO Influenza Web Site: <http://www.who.int/csr/disease/influenza/en/>

WHO Checklist for Pandemic Preparedness Planning: <http://www.who.int/csr/resources/publications/influenza/en/FluCheck5.pdf>

Influenza and Infection Control

Updated Infection Control Measures for the Prevention and Control of Influenza

Infection Control Recommendations for Health Care Facilities: <http://www.cdc.gov/flu/professionals/infectioncontrol/>

Control of influenza outbreaks in institutions: <http://www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm>

Preventing the spread of influenza in child care settings

<http://www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm>

Guidance on the Prevention and Control of Influenza in the Peri- and Postpartum Settings

<http://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>

Guidance on the Use of Masks

Guidance on the Use of Masks to Control Influenza Transmission

<http://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>

Respiratory Hygiene

Respiratory Protection Program: <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/rpp/index.html>

Avian Influenza

Avian Influenza <http://www.cdc.gov/flu/avian/index.htm>

Avian Influenza Update: <http://www.cdc.gov/flu/avian/professional/han020405.htm>

Alaska Information

Health Care Facilities Licensing and Capacity Information: <http://health.hss.state.ak.us/dhcs/PDF/HFLC-FacilityList-02-03.pdf>

Current influenza activity in the State of Alaska: <http://www.epi.hss.state.ak.us/id/influenza/influenza.jsp>

- Recommended Reading

- Crosby AW. America's Forgotten Pandemic: The Influenza of 1918. Cambridge: Cambridge University Press, 1989.
- Kolata G. Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus that Caused It. New York: Farrar, Straus and Giroux, 1999.
- Barry JM. The Great Influenza. New York: Penguin Books, 2004.

Training Videos

Training on Emergency Management and the Incident Command System (ICS) The Federal Emergency Management Agency (FEMA) offers on-line courses in the ICS and other aspects of emergency planning and response at:
<http://training.fema.gov/EMIweb/IS/crslist.asp>